WOMEN'S INTERAGENCY HIV STUDY **ELIGIBILITY FORM (EL)**

PROMPT: WOMEN WITH PRIOR "CLINICAL" AIDS DIAGNOSES (EXCLUDING THOSE WITH CD4 COUNT <200) SHOULD BE KEPT TO 10% OF THE HIV-POSITIVE TARGET FOR EACH SITE. PLEASE CHECK WITH YOUR SITE PD PRIOR TO ENROLLING ANY NEW PARTICIPANT TO ENSURE THAT TARGETS ARE NOT EXCEEDED. SEE MOO, SECTION 4, FOR MORE DETAILS.

NOTE: This form is NOT administered to participants, but should be filled out by sites after screening interview and medical record abstraction has taken place.

	SECTION A: G	ENERAL INFORMATION
A1.	SCREENING ID:	
A2.	FORM VERSION:	05/22/13
A3.	DATE OF SCREENING:	
A4.	INITIALS OF PERSON COMPLETING FORM:	
A5.	PREFERRED INTERVIEW LANGUAGE	GE (from SCR):
	ENGLISHSPANISH	
A6.	HIV / THERAPY STATUS (from SCR):	
	Seronegative	
	Seropositive, ART naïve Seropositive, HAART (2005 or	
	SERONEGATIVES must have blood do enrollment visit (or at the combined scr	rawn for an HIV test at either the screening or the eening/enrollment visit).
		OT hardcopy documentation of a positive HIV test result Seropositives who have documentation of a positive HIV
A7.	DATE OF BIRTH (from SCR):	
A8.	ETHNICITY (from SCR): HISPANIC NON-HISPANIC	

SCR	EENING ID #					
A9.	RACE (from SCR):					
	BLACK/AFRICAN AMERICAN1					
	WHITE/CAUCASIAN2					
	AMERICAN INDIAN/ALASKAN NATIVE3					
	ASIAN4 NATIVE HAWAIIAN/OTHER PACIFIC					
	ISLANDER5					
	OTHER6					
	(SPECIFY):					
	SECTION B: ELIGIBILITY					
B1.	ELIGIBILITY:	<u>YES</u>	<u>NO</u>	N/A		
a.	Is participant 25-60 years old?		2			
b.	. If HIV+, has used ART, but not HAART		2	3		
c.	c. If HAART user:					
	i. Date of first HAART use/prescription verified in MRA	1	2	3		
	ii. Date of first HAART use before January 1, 2005, unless HAART use only during pregnancy or PEP/PrEP	1	2	3		
	iii. HIV RNA and CD4 cell count known within 6 months before first HAART	1	2	3		
	iv. Participant has <u>ever</u> used ddI, ddC or d4T	1	2	3		
d.	Participant plans to move out of area within 12 months	1	2			
e.	General consent obtained	1	2			
f.	Consent obtained to store specimens in repository	1	2			

IF ANY OF THE SHADED REGIONS ARE CIRCLED, PARTICPANT IS INELIGIBLE TO BE ENROLLED INTO THE WIHS

SCREENING	ID#		
B2. HOW I	OID PARTICIPANT FIND OUT ABOUT STUDY (from SCR) (C	IRCLE ONLY	ONE):
Fre	om an enrolled participant	1	
Fro	om a flier, advertisement, or posting	2	
	a. SPECIFY:		
Fre	om a WIHS staff member	3	
Fro	om a Community Advisory Board (CAB) member	4	
Fre	om a clinic provider	5	
	b.SPECIFY PROVIDER/CLINIC:		
Do	on't know, don't remember	6	
Ot	her source	7	
	c. SPECIFY:		
B3 REPOI	RTED ANY OF THE FOLLOWING IN THE PAST FIVE	YES	NO
	S (from SCR):	<u>115</u>	110
a.	Injection drug use or use of crack, cocaine, heroin or methamphetamine	1	2
b.	Told by health care provider that had an STD	1	2
c.	Had sex with a known HIV+ man	1	2
d.	Had unprotected sex with 3 or more men	1	2
e.	Had sex for drugs, money or shelter	1	2
f.	Had sex with 6 or more men	1	2
g.	Sex partner injection drug use or use of crack, cocaine, heroin or methamphetamine	1	2
h.	Sex partner told by health care provider that had an STD	1	2
i.	Sex partner had sex with known HIV+ woman or man	1	2
j.	Sex partner had unprotected sex with 3 or more women or men	1	2
k.	Sex partner had sex for drugs, money or shelter	1	2

HIV-NEGATIVE ENROLLEES MUST MEET AT LEAST ONE OF THE CRITERIA **PROMPT:** IN QUESTION B3 IN ORDER TO BE ELIGIBLE FOR ENROLLMENT.

Sex partner had sex with 6 or more women or men.....

1

2

SCREE	NING ID #		
B4.	DISPOSITION:		
	Eligible and enrolled	(END) (B6) (END)	
B5.	WIHSID: 8 - 4 - (ENI	D)	
B6.	IF DECLINED TO PARTICIPATE, WHY?	<u>YES</u>	<u>NO</u>
	a. No reason given	1	2
	b. Not located	1	2
	c. Not interested	1	2
	d. Did not give required consent	1	2
	e. Too busy / Can't make study visits due to schedule	1	2
	f. Feel too ill to participate	1	2
	g. Confidentiality concerns	1	2
	h. Social harm concerns	1	2
	i. Other reason	1	2
	(SPECIFY)		